COMMITTEE IN COMMON

Meeting Notes

DATE: Tuesday, 17 February 2026
TIME: 1:00 p.m. – 3:30 p.m.
VENUE: Lecture Room 1, Western Trust, MDEC Building, Altnagelvin Hospital, BT47 6SB

Present	**Members & Partners** • **BHSCT**: Jennifer Welsh, Chief Executive; Olga O'Neill, Director of Nursing. • **NIAS**: Phelim Quinn, Non-Executive Director; Seamus Mullen, Director of Planning & Performance. • **NHSCT**: Anne O'Reilly, Chair; Suzanne Pullins, Interim Chief Executive; Stevie Lennon, Director of Finance. • **SEHSCT**; Jonathan Patton, Chair; Roisin Coulter, Chief Executive. • **SHSCT**; Eileen Mullan, Chair (Meeting Chair); Steve Spoerry, Chief Executive. • **WHSCT**; Neil Guckian, Chief Executive; Teresa Molloy, Director of Planning and Performance. • **Partners**: Tracey McCaig, Chief Operating Officer, SPPG.
In attendance	Mike Farrar, Permanent Secretary, Department of Health; Helen Moore, Director of Planning, Performance & Improvement, SEHSCT; Karen Hargan, Director of HR & Organisation Development WHSCT; Stuart Elborn, incoming chair for BHSCT; Dr Julia Simon, Consultant, NICON. PMO: Julia Fitzhenry; Gráinne Harte. Secretariat: Heather Moorhead, NICON; Elly McGinn, NICON.
Apologies	Karen Bailey, Chief Executive, BSO; Maxine Paterson, Chief Executive, NIAS; Tom Frawley, Chair, WHSCT; Michele Larmour, Chair, NIAS; Colm McCafferty, Director of Children, Young People and Women's Services, SHSCT; Aidan Dawson, Chief Executive PHA; Stephen Kirk, Medical Director, SEHSCT.

Item	Discussion Summary	Actions
1.	**Chair's Welcome & Apologies** Ms Eileen Mullan (Interim Chair) opened the meeting and thanked Western Trust colleagues for hosting and noted apologies. Members welcomed Stuart Elborn, who will assume the role of Belfast Trust Chair from March, and noted the attendance of the Permanent Secretary, Mike Farrar, whose presence reinforced the strategic importance of the Committee in Common (CiC) as Northern Ireland's emerging provider collaborative. Members also welcomed the new Programme Leads for the CiC Grainne Harte and Julia Fitzhenry. The Chair extended her thanks to Jonathan Patton for his support in establishing CiC work, as he stands down as Chair of NICON at the end of March. She also acknowledged Neil Guckian's final CiC meeting and expressed appreciation for his	

	leadership. Members were advised that Trust Chair appointments are currently being discussed and the agreed CiC substantive Chair nominee will follow once this work concludes. No declarations of interest were raised.	
2.	**Departmental Aspirations for the CiC in the context of Reset** The Chair invited the Permanent Secretary to outline the Department's expectations of the Committee in Common (CiC) as part of the wider Reset agenda. He emphasised that the establishment of the CiC represents one of the most profound organisational shifts within the Northern Ireland health system in many years. While the system has long operated with a degree of informal collaboration, the CiC provides a formal and authoritative mechanism through which Trusts can take collective decisions *at scale* while maintaining their individual statutory responsibilities. The Permanent Secretary set out his continued commitment to supporting the CiC as a key enabler of system reform, highlighting that its creation aligns directly with the move towards provider collaboratives across the UK. He noted that although Northern Ireland retains six Trusts, the CiC allows the system to act with the coherence and consistency of a single provider organisation where appropriate, without the disruption or cost associated with structural reorganisation. He restated the four areas where aligned action is required: 1. Actions within individual Trusts – ensuring local operational improvements remain central to system progress. 2. Actions within Trust local economies – working with GPs, community partners and local systems. 3. Regional actions requiring shared decisions – where consistency, standardisation, workforce mobility and best practice are essential, and where the CiC sits as the primary decision-shaping forum. 4. Areas requiring central policy, budgetary or ministerial alignment – where the Department must work in tandem with Trust-led proposals to ensure coherence and feasibility. He stressed that progress is needed across *all four domains* if the Reset agenda is to succeed. The Permanent Secretary encouraged the CiC to be ambitious, bold and willing to take managed risks. He underlined that focus to deliver tangible outcomes that improve patient experience and operational performance will be essential in demonstrating the value of the collaborative model. He noted that strong departmental backing for innovation and progress, provided the collaborative continues to act in the best interests of the system.	System partners to support development of role clarity

	Reflecting on external learning, members discussed the benefit of drawing from mature provider collaboratives in Yorkshire, London and across England. Roisin Coulter suggested the Len Richards attends the next CiC meeting to give a presentation on the West Yorkshire CiC. This was agreed. Offers of mentoring for CiC leadership were welcomed, alongside proposals for deeper engagement with national innovation networks, including those led by Vice-Chancellors and health innovation bodies eager to work with Northern Ireland at scale. The Committee noted the need for clear articulation of the respective roles of the CiC, Senior Leadership Group, SPPG and the Department, particularly around commissioning, statutory duties and accountability. Members recognised that, while the CiC cannot make decisions that require formal public consultation, it can shape system recommendations, ensure there is robust clinical and operational rationale, and drive collective implementation across Trusts. Finally, the Committee agreed that improved communication is essential. Trust Boards and wider stakeholders need a clearer picture of what the CiC is delivering, where progress is being made, and how collective working is improving outcomes. Steve Spoerry requested a Newsletter is developed for SLG and Trust Boards. A more consistent narrative will help build confidence, counter cynicism, and ensure the collaborative is understood as a critical component of Northern Ireland's Reset- recognising further discussion could be developed in item 6.4 on the agenda.	Len Richards to be invited to next CiC meeting. CiC PMO & Secretariat to support clarity of role including standardised communication and updates for Trust Boards and key system partners.
3	**Previous Meeting Notes & Matters Arising** The Committee reviewed the notes of the previous meeting held on 12 November 2025.The notes were approved. The Committee then considered the Action Log, noting steady progress across all workstreams. Members agreed to close 11 completed actions, with remaining items either in train or scheduled for future reporting through the relevant provider collaborative workstreams. No further matters were raised.	CiC PMO to update action log and close 11 as agreed.
4.	**Provider Collaborative Updates**	
4.1	**HSC Staff Passporting** The Committee received an update from Karen Hargan, (Director of HR and Org Development WHSCT) on behalf of Neil Guckian (Chief Executive, WHSCT), on the regional Staff Passporting Programme. Despite each Trust remaining a separate legal entity with distinct regulatory requirements, significant progress has been achieved in reducing recruitment delays. Time to Fill has improved by 13% for bespoke recruitment and 33% for waiting-list recruitment, supported by	

	streamlined escalation processes and the introduction of the Amiqus digital candidate wallet. A major constraint remains Occupational Health (OH) capacity, with OH checks typically adding around 20 days. A new e-form is in development and expected to remove 4–5 days from the process. Work is also progressing to ensure encompass can store key health protection data, avoiding duplication when staff move between Trusts, particularly important given that 400–500 internal moves occur each month. The Committee noted that manager performance continues to be the weakest KPI and is an area within CiC influence. Members reiterated the need to standardise mandatory training regionally, recognising that progress has been slower than expected. Further work is underway to quantify attrition data associated with delays in pre-employment processes. In discussion colleagues also suggested there may be opportunities to liaise with regulatory bodies to develop alternative solutions or learn from other jurisdictions. Karen noted this suggestion and will incorporate into ongoing work. The Committee welcomed the improvements to date but agreed that sustained focus is required to remove avoidable friction, reduce duplication, and support workforce mobility across the HSC system.	Professional leads, via the CiC PMO, to return with a consolidated recommendation on regional mandatory training standardisation.
4.2.	**Enhanced Care Programme** The Committee received an update from Suzanne Pullins, (Interim Chief Executive NHSCT), on the Enhanced Care programme, which aims to improve access to dementia-related enhanced care placements and address long-standing delays in acute and intermediate care. A regional baseline confirmed a clear demand and capacity mismatch, high levels of placements secured above tariff, and significant variation in assessment and approval processes across Trusts. The Provider Collaborative has now agreed a standardised Provider Rate, with all Trusts committing to a shared ceiling of affordability. A regional Expression of Interest (EOI) generated strong independent-sector engagement, with 19 care homes offering around 200 beds, though members noted the need to monitor any potential impact on general nursing provision. The Committee welcomed the constructive partnership shown by independent providers and RQIA, and noted early signs of improved flow, reduced delays and cost avoidance in pilot areas.	

	A Regional Contracts and Finance Monitoring Group is being established to oversee implementation and identify any unintended consequences. The Committee commended the progress and recognised the programme as a strong example of collaborative working on a complex regional issue and reemphasised the need to commit to and build supportive mechanisms to ensure system discipline to hold to the agreed rate.	
4.3	**Regional Agency Reduction** Neil Guckian invited Karen Hargan to provide an update on the work of the Regional Agency Reduction Implementation Group (ARIG). The programme continues to deliver significant workforce stabilisation, with sustained progress in moving from off-framework agency use towards framework, bank and substantive staffing. Members acknowledged the complexity of the work and noted the key achievements, including the elimination of off-contract nurse agency, a £120m reduction in off-contract spend since 2022/23, the successful implementation of the Nursing & Midwifery and Social Work frameworks, and early progress on the multi-disciplinary and Medical & Dental programmes. While nursing demonstrates the impact of strong regional collaboration, Trusts highlighted the greater complexity associated with medical agency reduction, particularly in relation to resident doctors and vulnerable specialties. Work continues to strengthen medical workforce planning, improve data quality, and agree regional e-locum rates. The Committee acknowledged ARIG as a clear example of system-wide leadership and collective action, with further reductions expected in 2026/27 alongside continued focus on governance, data and sustainability, which will drive further improvement. Colleagues specifically thanked Neil for his leadership on this work and welcomed the opportunity to share our learning with colleagues in the Republic of Ireland.	Update on progress made post go live (02nd March) to come back to a future CiC meeting to include quantifying the improvements made (system savings)
4.4	**Regional Co-ordination Centre** The Committee received an update from Seamus Mullen, (Director of Planning and Performance NIAS) on the work of the Regional Co-ordination Centre (RCC), which continues to provide shared operational oversight across Trusts and support improvements in unscheduled flow, discharge and ambulance handover. Members welcomed progress on the ambulance handover protocol, now endorsed by Chief Executives, and noted the collaborative approach being taken to readiness planning.	RCC and SPPG to develop further performance data for RCC

	However, the Committee expressed clear concerns about the lack of any data on outcomes, impact measures and quantified data in the update. Several members emphasised that without this, it is difficult to provide meaningful assurance or assess the value of the RCC's interventions. It was noted that CEX's have asked DOPPS to conduct a review of the RCC work. SPPG confirmed its willingness to assist with strengthening information capture. The Committee also highlighted the importance of improving visibility of benefits, noting that sustained system pressure makes coordinated action even more critical. DoPPs will submit their review of RCC and assist with refining RCC 2026/27 work programme which will be submitted proposals to Chief Executives. CEX's will advise CIC in due course of the outcome of those exercises. The Committee recognised the RCC's continued role in supporting system resilience but stressed the need for significantly enhanced reporting as the programme evolves.	Future updates to the CiC are to include performance data. Chief Executives to provide an update to CiC
4.5.	**Elective Care: Gynae** The Committee received a brief update from Roisin Coulter, (Chief Executive, SEHSCT) on progress within the Gynaecology workstream. Trusts have made strong collective progress in reducing the longest waits, supported by improved triage processes, closer collaboration with primary care and enhanced clinical standardisation. Members noted that elements of the programme had been challenging, with some pushback where the Provider Collaborative is moving into areas previously led by others. Ensuring early and consistent clinical involvement was viewed as essential to maintaining alignment. The Committee noted that as all collaboratives matures, papers brought to CiC should more clearly demonstrate impact, outcomes and assurance, supporting Trust Boards decision making.	The PMO /Secretariat support standardised and visual approach to reporting progress to support Trust decision making
5.	**Provider Collaborative- New Priorities**	
5.1.	**Virtual Wards** Teresa Molloy (Director of Planning and Performance, WHSCT) introduced the new priorities section and invited Jennifer Welsh (Chief Executive BHSCT) to provide an update from on the emerging regional Virtual Wards programme. Early work is being led through encompass with strong interest from Trusts to test and scale the model. Belfast Trust, supported by cardiology teams, has progressed initial planning and established project structures across several specialties. Committee noted that a coherent regional approach will be required to ensure consistency, interoperability and equity of	Virtual Ward project plan and progress update be brought to future CiC meeting once early design and testing have advanced. Jennifer Welch as lead asked to

5.2.	access. A cross-Trust meeting is scheduled, involving DoPPs and encompass/EPIC colleagues, to review policy, confirm technical requirements and consider how the model can be rolled out at pace. It was noted that other work being conducted such as Queens University evaluation of the use of tech enabled care for patients with heart failure at home programme will also inform plans to progress towards virtual care. The Committee recognised the benefit of a dual-site pilot, combining both urban and rural settings, to accelerate learning and inform regional scalability. It was agreed that the Virtual Wards workstream should not displace current parallel programmes but rather align with and build upon them. The Committee endorsed the direction of travel and requested that a project plan and progress update be brought to a future CiC meeting once early design and testing have advanced.	consider extending pilot beyond Belfast to include a rural settling.
5.3	**Psychiatry** The Committee received an update on the emerging Psychiatry workstream, noting the significant pressures facing the mental health workforce and the need for a more coherent, system-wide approach. Work is currently centred on a comprehensive workforce review commissioned by the Department, led by Heather Stevens, with 14 actions identified. A further workshop is planned in March to develop a high-level options paper. The Committee recognised that progress to date has been hampered by unclear timelines, limited ownership and the complexity of the mental health landscape. There was a collective view that once the current review is concluded, consideration should be given to whether the next phase of work ought to migrate to the CiC, given Trusts' operational responsibility for mental health services and the need for sustained provider-led oversight. Members reflected that the system must prioritise a small number of deliverable actions rather than attempting to progress all 14 areas simultaneously. The Permanent Secretary emphasised that mental health strategy implementation pre-dated the CiC, and that the provider collaborative now offers a more suitable forum for taking forward the next phase of reform. The Committee noted the value of a forthcoming workforce review report, recognised the challenges posed by significant vacancy and absence levels in some services, and agreed that a more disciplined, collaborative approach will be required to deliver meaningful improvement.	Progress update to be provided at next CiC meeting CiC to discuss the potential migration to CiC to be undertaken in due course

	Haematology The Committee received an update on the Haematology workstream from Helen Moore (Director of Planning, Performance & Improvement SEHSCT), noting the sustained pressures experienced across all Trusts over recent years and the fragility of the regional workforce. 5.4 A new clinical lead, Dr Michael Quinn, has now been appointed as CRG lead for haematology in NICAN. Work is underway to articulate the action plan, and a draft has been shared with DOPPs as part of scoping work. The Committee recognised the importance of giving the new leadership team the space and stability needed to assess the position before considering what elements of haematology work could come under the CiC provider collaborative workplan eventually reporting formally into CiC. Members acknowledged that Haematology represents a particularly vulnerable specialty, with issues linked to workforce supply, regulatory requirements and service configuration. The workstream is closely aligned with several other provider collaborative system programmes, including workforce stabilisation and agency reduction, highlighting the value of the CiC as the only forum where all associated strands can be considered collectively. The Committee agreed that once the new leadership team is established and initial scoping work has been completed, a further update should come to CiC to consider next steps, risks and system-wide implications. **Head & Neck/ENT/OMFS specialties** No further updates presented.	
6.	**Governance**	
6.1 6.2 6.3	**Draft Terms of Reference, Charter, MoU** Chair noted an update on the core governance documents supporting the developing provider collaborative and advised drafts of the Terms of Reference and Charter will be circulated for final comment via email later in the week and requested that these be shared and signed off by with Trust Boards ahead of the next CiC meeting. Chair confirmed that a Memorandum of Understanding is no longer required, reflecting the Committee's advisory role and alignment with existing Trust governance arrangements. Members noted the importance of finalising a clear and consistent governance framework as the CiC continues to mature, and thanked June Turkington for her work on these documents.	Members to review documents once circulated and respond. Trusts to then bring finalised documents to Trust Boards for approval in advance of CiC April Meeting

6.4	**Communication and Engagement** The Committee received a brief update from Grainne Harte, CiC PMO on the emerging communication and engagement approach. The PMO is working to develop a consistent system-wide narrative, supported by stakeholder mapping, agreed key messages and FAQs aligned with the draft governance documents. Members emphasised the need for standardised, timely communication to Trust Boards and system partners to build confidence in the collaborative and demonstrate progress. Work on the CiC visual identity will continue offline, and a potential CiC showcase at the Leadership & Governance Conference in March 2026 will be explored.	PMO/ Secretariat deliver key communications actions PMO/Secretariat will seek agreement on visual identity with a view to utilising this branding by the April meeting
7	**Meeting Closure** Chair brought meeting to a close and advised committee of the CiC meeting dates and venues for the remainer of 2026. Next Meetings: • 21 April 2026 1:00pm. – 3:30pm - Venue: NIAS • 18 August 2026 1:00pm. – 3:30pm - Venue: NT • 20 October 2026 1:00pm. – 3:30pm - Venue: BT	